CENTERS FOR MEDICARE & MEDICAID SERVICES

8652125642 >>

P 4/29

PRINTED: 08/17/2012 FORM APPROVED

ND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		lultiple Ilding	CONSTRUCTION	(X3) DATE	O. 0938-0 SURVEY PLETED
		445296	B. WII		-	}	
NAME OF	PROVIDER OR SUPPLIER		!			08	/15/2012
	ARE CENTER OF EAST	RIDGE		1500	FADDRESS, CITY, STATE, ZIP COC FINCHER AVENUE T RIDGE, TN 37412	E	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	פו	-,-			
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLET DATE
F 221 SS≂D	: 483.13(a) RIGHT TO PHYSICAL RESTRA	D BE FREE FROM AINTS	F ₂	221			9/11
	The resident has the	right to be free from any					İ
	Priysical restraints in	DOSEC for humbees of		:	This plan of correct	ion is	
	GISCHAILUR OF COUASU	BDCE, and not required to		:	submitted and requi	ired	!
	treat the resident's n	nedical symptoms.		!	under Federal and S	State	}
	<u> </u>	;			regulations and stat		j
	This REQUIREMENT	T is not met as evidenced		í	applicable to long to	erm	İ
	Dy;	;		į	care providers. The	nlan	ĺ
	Based on medical re	ecord review, observation,		}	of correction does n	nt nt	
i	menulacturers recor	TIMBOGStion and interview		İ	constitute an admiss		
j	: nie racinty falled to bi	OSUID THE correct application 🖖		- {	liability on the part	of the	
:	reviewed for restrain	(#a1) Of two residents			facility and such lial	01 the	<i>i</i>
:		. usage.		İ	is hereby specificall	omty	
:	The findings included	t;			denied. The submis	у _.	-
į		!		ļ			i
1	December 22, 2000	mitted to the facility on		;	of this plan of correct does not constitute	ction	
	Alzheimer's Dementis	with diagnoses including		1		***	-
j	Ischemic Heart Disea	ise.			agreement by the fac	ulity	
į	•	<u>}</u>			that the surveyor's		Ì
÷	Medical record review	of resident #31's Minimum		1	findings or conclusion	ns	
	Data Set dated June	12, 2012, revealed the		i	are accurate, that the		ļ
	resident had impaired memory required by	ensive assist of two for			findings constitute a		;
1	transfers and ambula	cusive assist of two tot		i	deficiency, or that th	e	
_ ; 1	restraint daily.	asii, and asco a libilik		1	scope or severity		
	he-m.	Ì		İ	regarding any of the		
	Medical record review	of the August 2012		1	deficiencies cited is	İ	
	pnysician's orders rev 2011 - Click seethalt t	ealed "November 23,		į	correctly applied.		
Ι.	"March 20, 2012T bed for positioning"	o w/c (wheelchair)" and ilt in space w/c white out of					
i ; c ; t	Observation on Augus the second floor dining	at 13, 2012, at 12:30 p.m., in					
	•			į		}	
TORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVES SIGNAT	URE	<u> </u>	TITLE		X6) DATE
	1/6-				$\mathcal{S}^{\mathcal{D}}$	0	60/-
ويروحوا	Ptotogram and and the second	storisk (*) denotes a deficiency which ion to the patients. (See instructions.)				0/-	(7//

ıy d 101 low e these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ys tollowing the date igram participation.

RM CMS-2507(02-99) Previous Versions Obsolete

Event ID:UC0E11

Facility ID: TN3308

If continuation sheet Page 1 of 18

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P 4/29

DEPARTMENT OF HEALTH	LAND LICINAKI OCES COLO
	I WAD HOWING SEKAICE?
CENTERS FOR MEDICARE	& MEDICAID SERVICES
	A MEDIONIO SEKVICES

PRINTED: 08/17/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST RIDGE (X4) ID SUMMARY STATEMENT OF REGULATORY OR LSC IDENTIFY TAG REGULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FREE PHYSICAL RESTRAINTS The resident has the right to be physical restraints imposed for discipline or convenience, and treat the resident's medical sy This REQUIREMENT is not represented to the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagram Alzheimer's Dementia, Altered Ischemic Heart Disease. Medical record review of resident had impaired short and memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Alphysician's orders revealed "" 2011Click seatbelt to w/c (who	IDER/SUPPLIER/CLIA			OMB NO), <mark>0938-</mark> 039
LIFE CARE CENTER OF EAST RIDGE (X4) ID SUMMARY STATEMENT OF REGULATORY OR LSC IDENTIFY FAG REGULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FREE SS=D PHYSICAL RESTRAINTS The resident has the right to be physical restraints imposed for discipline or convenience, and treat the resident's medical sy This REQUIREMENT is not in by; Based on medical record revirum manufacturer's recommendation the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagraph Alzheimer's Dementia, Altered Ischemic Heart Disease. Medical record review of reside Data Set dated June 12, 2012, resident had impaired short an memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Atphysician's orders revealed " 2011Click seatbeit to w/c (who	TFICATION NUMBER:	A BUILE	LTIPLE CONSTRUCTION DING	(X3) DATE S	
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE PREGULATORY OR LSC IDENTIFY REGULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FREE SS=D PHYSICAL RESTRAINTS The resident has the right to be physical restraints imposed for discipline or convenience, and treat the resident's medical sy manufacturer's recommendation the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagraph Alzheimer's Dementia, Altered Ischemic Heart Disease. Medical record review of resident parts and ambulation, and restraint daily. Medical record review of the Alphysician's orders revealed " 2011Click seatbeit to w/c (who	445296	B. WING		-	15/0040
F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY OR LSC IDENTIFY F 221 483.13(a) RIGHT TO BE FRESULATORY F 221 483.13(a		s	STREET ADDRESS, CITY, STATE, ZIF		15/2012
F 221 483.13(a) RIGHT TO BE FRESTRAINTS The resident has the right to be physical restraints imposed for discipline or convenience, and treat the resident's medical sy. This REQUIREMENT is not in by: Based on medical record reviewed for restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagnous Alzheimer's Dementia, Altered Ischemic Heart Disease. Medical record review of resident had impaired short an memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Ataphysician's orders revealed "" Medical record review of the Ataphysician's orders revealed "" Medical record review of the Ataphysician's orders revealed "" 2011Click seatbelt to w/c (who			1500 FINCHER AVENUE EAST RIDGE, TN 37412	CODE	
The resident has the right to be physical restraints imposed for discipline or convenience, and treat the resident's medical sy. This REQUIREMENT is not responsible to the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagram Alzheimer's Dementia, Altered Ischemic Heart Disease. Medical record review of reside Data Set dated June 12, 2012, resident had impaired short an memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Ataphysician's orders revealed "	PECENER BY ELLI	ID PREFIX TAG	PROVIDER'S PLAN OF	TON SHOULD RE	(X5) COMPLETION DATE
The resident has the right to be physical restraints imposed for discipline or convenience, and treat the resident's medical sy. This REQUIREMENT is not replay to be a restraint for one (#31) of the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagonal part of the facility failed to be a restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagonal facility failed to be a resident for the facility failed to be a resident for the facility failed to be a resident for the facility failed for the failed failed for the failed failed for the failed failed for the failed failed for the failed failed failed for the failed failed failed for the failed faile			DEFICIENC	Y)	
physical restraints imposed for discipline or convenience, and treat the resident's medical sy. This REQUIREMENT is not in by: Based on medical record review manufacturer's recommendation the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagnate Alzheimer's Dementia, Altered Ischemic Heart Disease. Medical record review of resident had impaired short and memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Auphysician's orders revealed "	EE FROM	F 2 2	F221	<u> </u>	!
Based on medical record revimanufacturer's recommendation the facility failed to ensure the of a restraint for one (#31) of the reviewed for restraint usage. The findings included: Resident #31 was admitted to December 22, 2009, with diagonal and the series of the period of the series of the series of the series of the series of the series of the series of the series of the series and ambulation, and restraint daily. Medical record review of the series of t	or purposes of d not required to mptoms.		1. On 8/15/2012 and therapy en resident #31's belt was adjust appropriately t	sured seat ted	
Resident #31 was admitted to December 22, 2009, with diagrammer's Dementia, Altered Ischemic Heart Disease. Medical record review of reside Data Set dated June 12, 2012, resident had impaired short an memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Aughtysician's orders revealed "	iew, observation, ion, and interview,		close to the bo safety. Mainter removed secon belt from resid wheel chair.	dy for nance id seat	
Data Set dated June 12, 2012, resident had impaired short an memory, required extensive as transfers and ambulation, and restraint daily. Medical record review of the Auphysician's orders revealed "	noses including		2. Other residents seat belts were inspected by th nursing staff ar were in compli	e nd all	
physician's orders revealed "! 2011Click seatbelt to w/c (wh	revealed the aid long term ssist of two for	·	3. The Staff Development Coordinator and Director of Nur conducted an		
"March 20, 2012Tilt in space bed for positioning"	November 23, neelchair)" and ce w/c while out of		educational in-s to the nursing st regarding the sa application of so belts. The Treat	taff Ife eat ment	
Observation on August 13, 201 the second floor dining room re	evealed the	:	administration r of residents with		

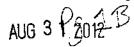
ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days slowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 asys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

DRM CMS-2567(02-99) Previous Versions Obsolete

Event ID: UC0E11

Facility ID: TN3308

If continuation sheet Page 1 of 18



2012-08-21 09:53 CENTERS FOR MEDICARE	DC0547PM13501 HAND HUMAN SERVICES	86	52125642 >>	PRINTE	P 5/29 D: 08/17/20
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	OMB NO (X3) DATE COMPI	M APPROVE D. 0938-039 SURVEY LETED
NAME OF BROADOR	445296	B. WING_)	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF EAST	RIDGE	, ,	REET ADDRESS, CITY, STATE, ZIP.CODE 500 FINCHER AVENUE	08/	15/2012
	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	10: H = 0-	COMPLETION (X6)
approximately four in approximately four in Observation on Aug 2:00 p.m., and 4:30 had a seat belt on in applied, allowing the four inches from the Observation on Augustine resident's room we revealed the resident seatbelt up above the fiddling with it, and disseatbelt. Interview at revealed the seatbelt Observation and Interview at revealed the seatbelt Observation and Interview at 12:45 p.m., with the Physical Therapist (Phe facility, revealed to in space wheelchair we swing next to the residence observation revealed seatbelts applied to the observation with PT # (right side of w/c) of the around the w/c back of the seatbelts applied to the observation with PT # (right side of w/c) of the around the w/c back of the seatbelts applied to the observation with PT # (right side of w/c) of the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts applied to the around the w/c back of the seatbelts	belt on in the wheelchair, ving the buckle to be niches from the knees. ust 14, 2012, at 9:00 a.m., at p.m., revealed the resident the wheelchair, loosely buckle to be approximately knees. ust 14, 2012, at 10:45 a.m., in with the resident's spouse twas able to raise the wheelchair arms and was don't try to release the that time with the spouse is usually that loose. The resident's spouse and T) #1 on the front porch of the resident sitting in the tilt with the spouse sitting on a dent. Continued the resident had two the wheelchair Continued the wheelchair Contin	F 221	belts were updated 8/23/2012 to add: check for safe application of seat belts while in use. The Director of Nursing or designed will conduct randor seat belt audits 3 times a month for 2 months to ensure compliance. 4. The Director of Nursing will report seat belt audits monthly to the Quality Assurance Committee, consisting of a physician, direct of nursing and three other staff members if 3 months. The	e m nes 5	

JRM CMS-2567(02-99) Provious Versions Obsolute

wheelchair.

safety.

the left side of the wheelchair, and the fourth

section was hanging next to the left side of the

Review of the manufacturer's recommendation

instructions how to apply the seat belt for resident

revealed a picture of the safety belt but no

Event ID: UC0E11

Facility ID: TN3308

If continuation sheet Page 2 of 18

Executive Director will

monitor this process

continued compliance.

monthly to ensure

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P 6/29
FRINTED: 08/1/72012
FORM APPROVED

CENTERS	FOR MEDICARE	& MEDICAID SERVICES				FRINTE	U: 08/1//2012
		(X1) PROVIDER/SUPPLIER/CLIA				OMBN	M APPROVED O. 0938-0391
AND PLAN OF CO	PRRECTION	IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE	
			A. BL			COMP	PLETED
NAME OF PROV	IDER OR SUPPLIER	445296	B. W.	ING_]	
	ENTER OF EAST	' Pince		ŞT	REET ADDRESS, CITY, STATE, ZIP CODE	08	/15/2012
				1 '	600 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID : PREFIX :		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	-			
TAG	REGULATORY OR LO	INCOT DE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPROPRICIENCY)	** **	COMPLETION DATE
F 221 Cor	ntinued From pag						
	-wiledgr (Off) þag	je Z	F2	221	F241		1
Inte	rview with PT#1	on August 15, 2012, at 12:50;		ļ	F241		
					 On 8/15/2012 nursin 	ø	1
				;	ensured resident #14.	5 5's]
		ed interview revealed when city applied the seatbelt			catheter bag was	2 0	! !
				:	covered.		
· ~~ · [~000.	.15(a) DIGNITY / IVIDUALITY	AND RESPECT OF	F 2	21	_		[
33-0 110	IVIDOALITY	ĺ		`''	The nursing staff		9/11/12
The	facility must pror	note care for residents in a		ĺ	inspected other		7
					residents with cathete	r	1
					bags and all were in		[]
;	anograda of tits	or her individuality.			compliance.		
This	REALIDEMENT			1	3. The Staff Developmen		
, - , .		is not met as evidenced			Coordinator and	it ,	İ
Base	ed on observation	and interview, the facility			Director of Nursing	İ	
					conducted an	; ;	İ
		sampled residents.		}	educational in-	ļ	
The fi	indings included;				service to the nursing		,
Resid	ent #145 uma = 4				staff	1	ł
		mitted to the facility on July s of Muscle Weakness,			regarding applying	ĺ	ĺ
1. 4421101	micra i Ahé Detu	entia, Dislocated Hip, and		i	covers to catheter bags	.	
Anem	ıa.	to a ring; and			The Director of	i	
Obser	vation on August	13, 2012, at 1;00 p.m.,			Nursing or designee	į	
: (-,-	さいしこうけんじょ サーサン	IVIDA IN NOW WIFE THE		1	will conduct random		
Otoset	- Futtier observ	Sting tournal also were the second			catheter cover audits 3	1	
	i niuwenino came	eter which was connected bag hanging on the		Ì	times a week for 4	į	}
bottom	rail of the reside	ent's bed		-	weeks, then at least 5		
1		1			times a month for 2	İ	
: Observ : Nurse i	ration and intervi	ew with Licensed Practical			months to ensure compliance.	ļ	
		ust 15, 2012, at 10;00		!	сотриансе.	ļ	}
CMS-2567(02-99) F	revious Versions Obso	late Event ID: UGDE11	Fn	: Cility	D' TN3308		

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 445295 B. WING NAME OF PROVIDER OR SUPPLIER 08/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1600 FINCHER AVENUE EAST RIDGE, TN 37412 (X4) 1D SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC (DENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE (XC) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 241 Continued From page 3 F 241 , a.m., confirmed the resident had an indwelling 4. The Director of catheter connected to an uncovered drainage bag Nursing will report which was attached to the bed. Interview at that catheter cover audits time with LPN #1 confirmed the resident's monthly to the Quality catheter bag is to be covered at all times to preserve the resident's dignity, Assurance Committee F 247 483.15(e)(2) RIGHT TO NOTICE BEFORE consisting of a F 247 SS=D ROOM/ROOMMATE CHANGE 11/n physician, director of nursing and three other A resident has the right to receive notice before staff members for 3 the resident's room or roommate in the facility is months. The Executive changed. Director will monitor this process monthly to This REQUIREMENT is not met as evidenced ensure continued Based on medical record review and interview, compliance. the facility falled to notify one resident (#116) of changes in roommate assignments, of seventeen Stage One residents and three families interviewed. F247 The findings included: 1. Resident #116 was notified of his Resident #116 was admitted to the facility on June 5, 2012, with diagnoses including Aftercare roommate changes on Right Hip Fracture with Surgical Intervention, 8/15/12. Muscle Weakness, Hypertension, Osteoporosis. and Osteoarthritis. 2. The Social Service staff Medical record review of the Minimum Data Set has notified all other dated June 22, 2012 and July 6, 2012, revealed residents of roommate the resident to be cognitively intact with BIMS changes. (Brief Interview for Mental Status) Scores of 13/15 on both dates. 3. The Executive Director Review of facility admission documentation dated conducted an June 6, 2012, revealed the resident was educational in-service

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PRINTED:	08/17	/2012
FORM.	APPR	OVED
OMP NO	0000	0004

CENT	ERS FOR MEDICARE	& MEDICAID SERVICES					FORM	# APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER)		(Na) 1	41 11 1414			OMB NO	0. 0938-0391	
KUD HIV	OF CORRECTION	IDENTIFICATION NUMBER:	,	ILDING		INSTRUCTION	(X3) DATE : COMPL	SURVEY LETED
<u> </u>		445296	B. WH	NG_	·		}	
NAME OF	PROVIDER OR SUPPLIER			070			08/	15/2012
LIFE C.	ARE CENTER OF EAST	RIDGE		15	OD FIN	DDRESS, CITY, STATE, ZIP CODE ICHER AVENUE		
(X4) 1D	SUMMARY STA	TEMENT OF DEFICIENCIES	1 12	= = =	451 K	RIDGE, TN 37412		
PREFIX TAG	TO COMO DESIGNER	MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREF		Ç:	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO ROSS-REFERENCED TO THE APPR DEFICIENCY)	שם תווו	(X5) COMPLETION DATE
F 247	Continued From pa	ne A	_					:
	competent and lega		F2	247		to the Social Services		
	1	1		į		department regarding		
	Interviews with the r	esident on August 13, 2012,		}		the importance of		i
	Tat 2.00 p.m., in the i	'esident's room, and on				providing notification		
	→ August 15, 2012, at	1:15 p.m., in the resident's		1		to residents regarding		ļ
	to the current room	resident stated "had moved		ļ		room changes and		
	i zuiz, and nad four i	per self-request on June 29, different roommates since the				roommates. The Social		
	I move but had not be	en notified before any of the				Service director		}
	new roommates arri	ved."		į		conducted an		
	 Medical record revio	*** of \$b		i		educational in-service		i
	Note Review dated .	w of the electronic Progress July 3 through August 3,		-		of nursing staff on		
	, 2012, Which include:	d electronic charting from 1		:		8/23/12 regarding		
	, nursing, dietary, and	SOCial service denartmente				providing proper		
	i ravegied tip docritté	Intation of resident notification !				notification of residents	1	
	; or roommate change ; services,	es from nursing or social				when there is a change		
	i			j		in rooms or roommates	•	
	Interview with the Sc	ocial Services Director, on		į		•		
	August 15, 2012, at	10:30 a.m. in the facility				The Social Service		
	, loony, continued les	idents were to be notified of prior to the roommate change				director will conduct	i	
	occurring and the fac	cilify had failed to notify		j		random audits 3 times a	1.	
_	resident#115 of new	roommates.		į		week for 4 weeks of	j	
F 281	483.20(k)(3)(i) SERV	TOES PROVIDED MEET	F 28	B1		notification regarding	İ	-11
\$S=D	PROFESSIONAL ST	ANDARDS		į		room changes and	j	9/1/12
į	The services provide	d or arranged by the facility		}		roommate moves,	j	
:	must meet profession	nal standards of quality.		1		then at least 5 times a	İ	
; ;		or started do quality.		į		month for two	İ	
,	71.1. B			1		months to ensure		
•	This REQUIREMENT by:	is not met as evidenced		i		compliance.	1	
	•	n, medical record review,				compnance.		ĺ
'	and interview, the fac	ility failed to provide		F	1	The Social Service]
•	services to meet prof	essional standards of care			4.		,	1
[during medication ad-	ministration to ensure an		-		Director will report her	<u> </u>	}
M CMS-25	7(02-99) Previous Versions Of	- I					<u>i</u>	
	THE SON CHANGES ASSESSED OF	modete Event (D: UCDE11	i	Facility	ID: TN3	ISO8 If continu	ation shoot f	Page 5 of 18

2012-08-21 09:54	DC0547PM13501
DEPARTMENT OF HEALTH	AND HUMAN SERVICES
CENTERS FOR MEDICARE	& MEDICAID SERVICES
STATEMENT OF DEGLOSMOICS	(Mar)

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P 8/29 PRINTED: 08/17/2012 FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				M APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	ULTIPLE CONSTRUCTION LDING	(X3) DATE	O. 0938-0391 SURVEY PLETED
		445296	B. WIN	16	_ }	
	PROVIDER OR SUPPLIER ARE CENTER OF EAST	RIDGE		STREET ADDRESS, CITY, STATE, ZIF 1500 FINCHER AVENUE EAST RIDGE, TN 37412		/15/2012
(X4) ID PREFIX TAG	IEAGH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF	TION SHOULD BE THE APPROPRIATE	COMPLETION DATE
F 281 S\$=D	August 15, 2012, at room, revealed the to the current room 2012, and had four move but had not be new roommates and Medical record review Note Review dated 2012, which include nursing, dietary, and revealed no docume of roommate changes of roommate changes services. Interview with the Sc August 15, 2012, at lobby, confirmed res roommate changes occurring and the fair resident #116 of new 483.20(k)(3)(i) SERV PROFESSIONAL ST The services provide must meet profession This REQUIREMENT by: Based on observation and interview, the factorices to meet profession services to meet profession and interview, the factorices to meet profession services services to meet profession services to meet profession services services to meet profession services to meet profession services services to meet profession services services to meet profession services servi	resident on August 13, 2012, resident's room, and on 1:15 p.m., in the resident's resident stated "had moved per self-request on June 29, different roommates since the sen notified before any of the wed." The work the electronic Progress July 3 through August 3, delectronic charting from a social service departments, entation of resident notification es from nursing or social services Director, on 10:30 a.m., in the facility idents were to be notified of prior to the roommate change cility had failed to notify roommates. TICES PROVIDED MEET TANDARDS If is not met as evidenced in, medical record review.	F 24	findings to the Q Assurance Commonsisting of a physician, direct nursing and three staff members consisting of a physician, direct nursing and three staff members for months. The Exe Director will monthis process monthis process monthis ensure continued compliance.	Quality mittee, tor of e other or 3 ecutive nitor othly to	9/11/12

RM CMS-2567(02-89) Previous Versiona Obsolete

Event (D: UC0E11

Facility ID: TN3308

If continuation sheet Page 5 of 18



2012-08-21 09:54 DC0547PM13501 DEFARTIMENT OF HEALTH AND HUMAN SERVICES

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P 9/29

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PRINTE	08/17/2012
FORM	APPROVED
<u>OM</u> B NO	0.0938-0391

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			PRINT	ED: 08/17/201
AND DEAM OF CORPERCIES (X1) PI		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	OMB N	RM APPROVE 10. 0938-039
		IDENTIFICATION NUMBER:	A BUILD!		(X3) DATE COM	E SURVEY PLETED
MAUE OF		445Z96	B. WING		-	
	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP		/15/2012
LIFE CA	RE CENTER OF EAS	FRIDGE	1	1500 FINCHER AVENUE	CODE	
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	10	EAST RIDGE, TN 37412	 -	
TAG		MEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	COMPLETION DATE
F 281	Continued From pa	ge 5				1
ı	accurate dosage of	a medication was	F 281	F281		·~/ /
į	equinifistered and re	Dorted accurataly and the of		į (7/11/12
į	101 2115 (#ZUZ) OT 618	WED feeldoote shakk t		1. All 50mg tablets of		
:	medication administ	ration		Losartan were ren		ĺ
i	The findings include	A.	i	from resident #20		}
i		+		medication cart di		
	Observation on Augi	ust 14, 2012, at 9:45 a.m.,		On 8/15/12 nursin	ıg	1
	こころんし しゅういかきいて 花をひき お	TOOM forested t DN 44 1	!	staff notified resid		1
i	Prepared the testage	It's Medications Constant		#202's physician a	and	1
1.1	AASE: ACHOIT BAGSIEL	III MONTA CONTO IN COLUMN COLU		family regarding t]
i	with a tablet enclose medication drawer to	o πom a box in the beled Losartan 25 mg.	1	dosage of Losarta]
1.1	highen the Molet lutu	3 Medication our and	ŀ	given. Resident #2		1
	earmingrated too Fos	Altan to regident wood :	İ	vital signs were	202 3	
	residents footh. Cor	Minued obsorbeing at the		monitored, with n	_	
j 1	Perver life rosaman i	Nas obtained from stated				
:	wasairen ah Ma' ()	DSRNOfing of the best the		abnormal findings	•	
	CACCICO O 19061 SISIU	rom in the medication cart		Resident was		1
•	achie de la la la la la la la la la la la la la	V OD DOV 25 2042		discharged	i	ļ .
	Sourcement for those f	osartan 50 mg tablets.	ĺ	safely home on 8/16/2012.		
, v	Medical record review	of resident #202's	i			[
[P	'nysician's Orders foi	August 2012 revealed	!	2. On 8/15/12 the		
	Losartan 25 mg PC) (by mouth) daily"	1	pharmacy staff	İ	ł
ir	Iterview with I PN #4	on August 14, 2012, at	}	reviewed all other		}
1	0:10 a.m., at the 200	nurse's desk confirmed 50	i	prescriptions with	j	1
, 11	iy ol Losanan was al	impliciated to the sections in	į		1	1
, "11	stead of the 25 ma t	DE Dhysician ordered and		actual dosages on l		!
["ŧ	he pharmacy must h	ave sent the wrong dose."		and all were found	to	ł
,		J	1	be in compliance.	ſ]
Di	iter view on August 15	5, 2012, at 3:00 p.m., in the]			j
1 64	HERROL OF MIRESING (T	ON)'s office with the DON ed LPN #4 had told the		The Staff Develop	ment	Ī
D	ON about the income	ed LPN #4 had told the ct doses of the medication		Coordinator and	1	}
in	the box but had also	told the DON the surveyor	1	Director of Nursin	g !	
			İ	conducted an	_	
CMS-2567(0	2-99) Previous Versions Obs	Piole Event ID: UCOEt1	Facilit	educational in-serv	rice -	

2012-08-21 09:54 DC0547PM13501

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P 10/29 FORM APPROVED OMB NO. 0938-0391

CENT	ERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PKINTE!	U: U8/17/20 [.] VI APPROVE
~ · · · · · · · C V I	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CITA	/Y2\ 2000	TIPLE CONSTRUCTION	OMB NO	VI APPROVE D. 0938-039
	OF SURRECTION	IDENTIFICATION NUMBER:	A BUILDI		(X3) DATE: COMPI	SURVEY LETED
NAME OF	Ć 20.	445296	B. WING		}	
	F PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	08/	15/2012
LIFE C	ARE CENTER OF EAST	F RIDGE	į į	3600 FINCHER AVENUE		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		EAST RIDGE, TN 37412		
TAG	ハー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	74 17 ft ft ft ft ft ft ft ft ft ft ft ft ft	COMPLETION DATE
F 28	1 Continued From pa	ne 6	ļ ,——		···	
	had intervened prior	to the wrong dose being	F 281	on the 5 rights of		
	- Angri to the testagn	I COntinued into minus with		medication		
	A PO DOM TEVESTED IN	18 UCN had notified the	į	administration to the		
	PERIOR OF THE PROPERTY OF THE	ADDIST the serone doors of		nursing staff m	3	1
	Coopium to the DOX D	out had received the correct		nursing staff. The		
	had been given.	3.000	 	Director of Nursing	or	
	(Intention -	,		designee will condu	ct	
	DON's office reverse	15, 2012, at 3:45 p.m., in the		random observations	of	
	The property of the Angel E	O I PN #4 twoc roughtons in the continue of th		medication passes 3		
	mg of Losartan inste	sident #202 had received 50		times a week for 4		
	physician had orders	ed. Continued interview	ļ	weeks, then at least 5		
	Levesien the DOM Us	10 hotified rocklast stoppi.	į	times a month for two	İ	
	The Medical Colonia Medical	ICATION After Continued 1	ļ	months 4-) j	
	THE STATE OF THE PROPERTY OF T	P (PS)MANY¢ black com= :	 	months to ensure		i
	T ALLA MAIOÈ NEO DEGUI	ODIBIOOD OD Austrat 4.4. seas 1		compliance.	}	
	more withill life t	esidente normal	į	4 77		ĺ
	: resident #202's blood	led interview revealed	i	4. The Director of	ļ	
	obtained at 3:10 p.m.	pressure and pulse were , on August 15, 2012, and	į	Nursing will report		}
	1 Marie Michael Mig (62)(0)		į	medication pass audits	,	
	Committee of this later Alem C	CODITIONED I IONI #Are best III		monthly to the Quality	·	ĺ
	, railed to theet profess	SODAL Standards of seco		Assurance Committee,		
	t annual medication Sal	MIDISTRATION by encuring the 💠		consisting of a	ĺ	ļ
· · · · · · · · · · · · · · · · · · ·		HRISTOTODO TA Spourotolo 📑	j	physician 1:		
E 222	I TOPOLL A THEOLOGICATION A	rror ·	į	physician, director of		ſ
00-D	403.25(m)(1) FREE C	OF MEDICATION ERROR	F 332	nursing and three other		
الاحدد	RATES OF 5% OR M	ORE	1	staff members for 3		11/12
1	The facility must ensu	en that it is some	ļ	months. The Executive	Ì	Ì
i	medication error rates	of five percent or greater.	i	Director will monitor	1	
		or are percent or greater.		this process monthly to		
- ;			1	ensure continued	ļ	Ì
1			-	compliance.		
;	This REQUIREMENT	is not met as evidenced	i	primitely		į
	by:	1				
į,	pased on observation	, medical record review,	<u>i</u>			
i	Policy Idview, a	nd interview, the facility				1
CMS-256	7(02-99) Provious Versions Obs	olete Event ID; UCDE11	!_			
		EYON ID. DADETT	Enellis	/ ID: TX12200		

2012-08-21 09:54 DC0547PM13501 8652125642 >> DEFAR IMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/17/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED B. WING 445296 NAME OF PROVIDER OR SUPPLIER 08/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (XS) COMPLETION DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 332 Continued From page 7 F 332 failed to administer six of sixty-six medications without error, resulting in a nine percent 9/11/12 F332 medication error rate. 1. All 50mg tablets of The findings included: Losartan were removed from resident #202's Observation on August 14, 2012, at 9:40 a.m., in the hallway near resident #31's room revealed medication cart drawer. Licensed Practical Nurse (LPN) #4 prepared On 8/15/12 nursing resident #31's medications. Continued staff notified resident observation revealed LPN #4 placed one Enteric #202's physician and Coated Aspirin 81 mg (milligram) into a medication packet and crushed the tablet, poured family regarding the the crushed tablet into a medication cup added dosage of Losartan applesauce and administered the crushed tablet given. Resident #202's to resident #31 in the resident's room. vital signs were Medical record review of resident #31's monitored, with no Physician's Orders for August 2012 revealed abnormal findings. "...Aspirin (Baby) 81mg Tablet EC (Enterio Resident was Coated)...Take 1 Tab by mouth every day..." discharged Review of facility policy, Medication Crushing safely home on General Guidelines & List of Medications. 8/16/2012. revealed "... The rationale for not crushing some medications includes...Enteric Coated Tablets are

10:10 a.m., at the 200 nurse's desk confirmed the Enteric Coated Aspirin was crushed prior to administration and Enteric Coated Tablets are not to be crushed.

then dissolve in the intestinal tract..."

Medical record review of resident #202's Physician's Orders for August 2012, revealed "...Losartan 25mg PO (by mouth) daily..."

Interview with LPN #4 on August 14, 2012, at

designed to pass through the stomach whole and

On 8/14/12 nursing staff notified resident #31's physician and family regarding the method of Enteric coated aspirin given. Resident #31 was monitored for GI symptoms, with no abnormal findings.

Nursing staff gave

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P 12/29

PRINTED: 08/17/2012 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDE	RECTION ER OR SUPPLIER NTER OF EAST	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445296	A. BUILDI		OMB NO (X3) DATE COMP	M APPROVE O. 0938-039 SURVEY
LIFE CARE CE	NTER OF EAST		B. WING		COMP	FTEN
LIFE CARE CE	NTER OF EAST				1	
LIFE CARE CE	NTER OF EAST	RIDGE	· · · · · · · · · · · · · · · · · · ·)	
(X4) ID PREFIX (SUMMARY SYA	r Ribge			08	15/2012
PRÉFIX (SUMMARY STA			REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE		
		TEMENT OF DEFICIENCIES		EAST RIDGE, TN 37412		
		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	1141 0 00-	(X5) COMPLETION DATE
F 332 Conti	nued From pag	ge 8	F 332		· 	1
: Obse	Nation on Aug	wat de Sans	,	Aspirin appropriately.	•	!
near	esident #202's	ust 14, 2012, at 9:45 a.m., Froom revealed LPN #4		i i i i i i i i i i i i i i i i i i i		ļ
P. 4 P. 5	rea the resider	n's madiantines o	i İ	Nursing staff notified		
	* ひいつい しこりを分ける(I LEN TO ANIAL A	<u> </u>	nurse practitioner of		
	WOULD THE PAR	TOTO O HAVIL ALL		enteric coated		<u>.</u>
Contin	Bued observation	abeled Losartan 25 mg. on revealed LPN #4 placed		aspirin given to		
1 1110 000	noi iiilu a med	ICHUOD CHE and selected as a		resident #142. Nursing		1
,	oo waa waa lesin	PDT 22/37 in the realist - 4.	 	staff properly] !
1,0011	マンロルコロモロ つか	SADIOTOR AF the manifest in	Í	administered the next		İ
i mg."	en was obtaine	ed from stated "Losartan 50	l i	and following doses of		
i				the chewable 81mg		
1 . 4. (0)	4016. OLDER 769	4 on August 14, 2012, at 0 nurse's desk confirmed 50		baby aspirin.		
			į	On 8/14/12 LPN #1	;	
, mistest	or the 25 mg	the physician ordered.		was in-serviced on	 	
_		j	į	importance of		ł
Observ	ation on Augus	st 14, 2012, at 9:55 a.m., in		administering complete	ļ	ł
1	46GA 11GGT 162KI	HTT X A J C C C C C C C C C	ĺ	dose of Miralax powder	į	†
residen	t#142's medic	rse (LPN) #4 prepared ations. Continued	į	and educating resident	j	ł
00000145	tuon revealed i	PN #4 obtained	į	on waiting one minute		- 1
, mitelic	Coaled Asbirir	187 mg tablet sisses as a		in between Symbicor		1
A CONTRACT III	io ine medicat	ION CUD and administrated	 	and Spiriva inhalants.	ĺ	1
nie mitt	's room.	pirin to resident #142 in the	ļ	Nursing staff notified		}
}		1	İ	resident # 303's	ļ	}
Medical	record review	of resident #142's		physician and family	į	
Physicia	n's Orders for	August 2012 revealed		regarding the		
} •••• ~ >\$\$ (1	n Unilaren's 8°	IMO Tah Chow	-	administration of	j	
•		by mouth every day"	!	Spiriva given. Resident		ļ
Interview	with LPN #4 (on August 14, 2012, at	!	was found to have no	ļ	
10010 97	$\Pi_{\rm tot}$ at the 200 $_{ m I}$	nurse's desk confirmed 81 mg was administered		adverse effects.	ļ	-

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P 13/29

PRINTED: 08/17/2012 FORM APPROVED

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			PRINTE	D: 08/17/201
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEDICUM	(V2) 1411 77		OMB N	M APPROVE O. 0938-039
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE	
		445296	B. WING _		}	
NAME OF	PROVIDER OR SUPPLIER				08	/15/2012
LIFE CA	RE CENTER OF EAST	RIDGE	11	REET ADDRESS, CITY, STATE, ZIP CODE 500 FINCHER AVENUE	5	, <u> </u>
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES		AST RIDGE, TN 37412		
TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	UOUBBE	COMPLETION DATE
F 332	Continued From page	no 0				<u>:</u>
	to resident #142 co	ge a	F 332	Nursing staff prop	perly	Ì
	for the Aspirin to he	d the physician's order was in the chewable form and not	1	administered the	next	
	the Enteric Coated f	orm that was administered to	1	dosage of Spiriva		i
	the resident.	THE WAS ADMINISTERED TO		providing proper	,	-
		}		instruction on how	u to	ļ
!		į		correctly use Spirit		Ì
ļ	Medical record revie	11 af th - Di. 11		and inhalant	iva	}
j	Necephiliation Order	C CIONAL ANALYS ANAL :		medications.		
!	ACACCHICA ""IMINGISX N	70W0983772MC/====:::	İ	medications.		
:	AT (ANTICOD) OF MAINL	SVMbicomico i Luco	!	2 On 9/15/12 1		
!	ALLMAN ARIGINAL MINARE	2 Duff buide delia Calaba III	!	2. On 8/15/12 the		!
į	19 IAICO (Wictodiam	s)1 capsuledaily"	Í	pharmacy staff rev	iewe	
i	Observation of the m	andienti-		d all other prescrip	otions	
1	resident #303 on Alice	edication preparation for gust 14, 2012, at 8:38 a.m.		with actual dosage	s on	
	, 4 4 COICE TE 14 # 1 ODB	BIREG Mittalay bourdor 17 i i	i	hand all were foun	d to	
	grants, mixed in 8 oz 4.5 mcg inhaler, and	's of water, Symbicort 160-	Ì	be in compliance.		
į t	(microgram) handiha	er from the medication cart.	į	3. The Staff Develop	ment	
		i	:	Coordinator and		
	evealed LPN #1 gavi	st 14, 2012, at 8:40 a.m., e the Miralax mixture to	1	Director of Nursing	3	
1 1	SOUTH IN HOUS. WITH ME	ZDK ZDOCOVimotoky bak as	į	conducted an	5	
1	ing out. Hilkling Car	HIGHER ADACHMES	i	educational in-serv	ina	
	., w 1 2446 me 24W	DICOT Inhaler to recident	i	on the 5 rights of	ice	
, 17	AND MICHORY BLOAIDING	nstructions for the the inhaler. Continued		medication		Į
0	bservation revealed I	LPN #1 administered the	į	administration to th		ĺ
įs	piriva handihaler to n	esident #303 without	•		e j	
¦ p	roviding instructions	to the resident.		nursing staff and	_]
i			į	providing profession	nal	•
Q 	oservation revealed	resident #303 asked LPN		services to residents	as	
i ti	i about rinsing the m	outh. LPN #1indicated to		per professional	-	
to	rinse the mouth. Fir	remaining Miratax mixture of the observation revealed		standards of quality:	. ;	
116	islaent #303 rinsed th	ie mouth with the Miralay		The Director of	ļ	
ar	nd spit in the remaining	ng mixture.	-	Nursing or designee	İ	
C) (C) DECC	20 001 Barrier	<u> </u>				[
-M3-2367((02-99) Pravious Versions Obs	olote Event ID: UCOET1	Egallie, I	D: TN3308		

STATEMENT OF DEFICIENCIES

DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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P 14/29

PRINTED: 08/17/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DE AND PLAN OF COR	FICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	Com a	ALI TIPLE AND		OMB NO	D. 0938-0391
IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROME		445296	a. wn	NG			
LIFE CARE CE	NTER OF EAS	ATEMENT OF DESIDIENDIS	ch í	7.500 FING	DRESS, CITY, STATE, ZIP CODE CHER AVENUE DGE, TN 37412		15/2012
TAG R	EGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTED ACTION SHOWN OSS-REFERENCED TO THE APPRINCE OFFICIENCY)	III D BC	COMPLETION DATE
Revies Meter reside breat inhale the tereside buttor has ta her to reside Note additional least of the reside Note add	ant tilt his or had ent tilt his or had ent tilt his or had ent takes a skar on the inhald aken as much hold their breather hold their breather hold their breather hold their breather hold their breather hold their breather hold their breather hold their breather hold their breather had no hall nurses statisticant had nurses statisticant had nurses statisticant had nurses statist	olicy on "How to Use a aller" revealed, "3. Have the er head back slightly and ch air as possible. 4. Put the in the resident's mouth past at the tongue. 5. As the ow, deep breath, press the er once. 6. After the resident breath as possible, tell him or eath to count of ten. 7. Tell the out as slowly as possible as 3 through 7 for each red by the physician, waiting at entween each puff" #1 on August 14, 2012, at the ion at 9:40 a.m., confirmed to been instructed or given an ang the use of the Symbicort or er. Continued interview #303 had not received the full example of the interview and the full of the interview are the continued interview at the ion at 1 and 1	F 42	25	will conduct random observations of medication passes 3 times a week for 4 weeks, then at least times a month for 2 months to ensure compliance. The Director of Nursing will report medication pass audi monthly to the Quali Assurance Committed consisting of a physician, director or nursing and three oth staff members for 3 months. The Executi Director will monitor this process monthly ensure continued compliance. F425 All 50mg tablets of Losartan were remove from resident #202's medication cart drawers.	its ty ee, f ner to	9/11/2
RM CMS-2587(02-98) F	revious Versions (Disolete Event In: Liconas					

2012-08-21 09:55 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			PRINTEI FORI	D: 08/17/2012 MAPPROVED
クリヤー年MEV	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE COMPI	<u>). 0938-0391</u> SURVEY
		445296	B, WING)	
NAME OF	PROVIDER OR SUPPLIER			There	08/	15/2012
LIFE CA	RE CENTER OF EAS	T RIDGE	, s	TREET ADDRESS, CITY, STATE, ZIP CO 1500 FINCHER AVENUE	QE	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		EAST RIDGE, TN 37412		
PREFIX TAG	TEACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETION DATE
F 425	Continued From pa	rre 11				<u> </u>
	the needs of each r	resident	F 42	On or 15/12 mars.		
	:	CSIGER,		staff notified resi	dent	
	The facility must en	nploy or obtain the services of		#202's physician	and	
	a incerração busimad	ISI Who provides consultation		family regarding		i I
	On all aspects of the	2 DIOVISion of pharmacu		the dosage of Lo		
	services in the facili	ity.		given. Resident		
				vital signs were		1
	1			monitored, with	no	
		į		abnormal finding		! i
	This REQUIREMEN	IT is not met as evidenced		aonormai midm	<u> </u>	<u>,</u>
	, by:	}		0 0 0/15/10		
į	and interview the fe	ion, medical record review,		2. On 8/15/12	_ CC	1
1	accurate dosage of	scility failed to provide medication for one (#202) of		the pharmacy sta		į į
	eleven residents ob	served for medication		reviewed all oth		!
;	administration			prescriptions wi		
	The Gardinan in a			actual dosages of		<u> </u>
ı	The findings include	a:		and all were fou		
į	Observation on Aug	ust 14, 2012, at 9:45 a.m.,		be in compliance	e.	
:	near resident #202's	room revealed LPN #4				· •
į	prepared the resider	nt's medications. Confinued		3. The Staff Devel	opment	' J
i	observation revealed	I LPN #4 obtained a packet 🥠		Coordinator and	1	
!	with a tablet enclose	d, from a box in the		Director of Nur	sing	
į	nisced the tablet into	abeled Losartan 25 mg, a medication cup and		conducted an		
	administered the Los	sartan to resident #202 in the		educational in-s	service	1
}	resident's room. Co	ntinued observation of the		on the 5 rights of	I I	1
	packet the Losartan	was obtained from stated '		medication		ŀ
	"Losartan 50 mg." 📿	bservation of the box the		administration	to the	
:	Losartan was taken i	from in the medication cart				
i	revealed a label stati	ng Losartan 25 mg had been		nursing staff. T		ļ
:	contained four more	ty on July 25, 2012, and Losartan 50 mg tablets.		Director of Nu		
į.				designee will c		Ì
ļ	Medical record revie	w of Physician's Orders for		random observ	1	ļ
	August 2012 reveale	d "Losartan 25mg PO (by		medication pas	ses 3	ļ
				<u> </u>	į	

2012-08-21 09:55 DC0547PM13501 8652125642 >> P 16/29 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 445296 08/15/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES Œ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 425 Continued From page 12 F 425 times a week for 4 mouth) daily..." weeks, then at least 5 Interview with LPN #4 on August 14, 2012, at times a month for 2 10:10 a.m., at the 200 nurse's desk confirmed 50 months to ensure mg of Losartan was administered to the resident compliance. instead of the 25 mg the physician ordered and "the pharmacy must have sent the wrong dose." 4. The Director of Interview on August 15, 2012, at 3:00 p.m., in the Nursing will report Director Of Nursing (DON)'s office with the DON medication pass audits revealed the four 50mg tablets of Losartan were monthly to the Quality removed from the medication cart on August 14, 2012, after Licensed Practical Nurse (LPN) #4 Assurance Committee, reported the error. Continued interview with the consisting of a DON confirmed the Losartan 50 mg was in physician, director of resident #202's drawer by error and contributed to nursing and three other the medication error. 483.65 INFECTION CONTROL, PREVENT staff members for 3 F 441 9/11/12 SS=E . SPREAD, LINENS months. The Executive Director will monitor The facility must establish and maintain an this process monthly to Infection Control Program designed to provide a ensure continued safe, sanitary and comfortable environment and to help prevent the development and transmission compliance. of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it -

actions related to infections.

(b) Preventing Spread of Infection(1) When the Infection Control Program

in the facility;

(1) Investigates, controls, and prevents infections

(2) Decides what procedures, such as isolation, should be applied to an individual resident, and(3) Maintains a record of incidents and corrective

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AND BLAN OF CORPORATIONS (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	AUI TIRI E C	CONSTRUCTION	OMB NO	<u>0. 0938-0391</u>
		IDENTIFICATION NUMBER:		ILDING	ONSTRUCTION	(X3) DATE	SURVEY LETED
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(X4) (D	SUMMARY STA	TEMENT OF DEFICIENCIES		EAST.	RIDGE, TN 37412		ı
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	isolate the resident. (2) The facility must communicable dise from direct contact will track (3) The facility must hands after each dinhand washing is ind professional practical (c) Linens Personnel must han	esident needs isolation to of infection, the facility must prohibit employees with a ase or infected skin lesions with residents or their food, if ansmit the disease, require staff to wash their ect resident contact for which issated by accepted	F4		F441 1. This facility require staff to wash their hands after direct resident contact. The staff observed were immediately inform of the proper hand washing procedure a ice scoop policy by nursing administration. 2. No other observation were	e ed and on.	9/11/12
	Based on observation interview the facility footamination through for hand hygiene, medistribution of ice in a little findings included Diservation on Auguravealed Licensed Produministered medical 210A, and exited the disinfecting the hands evealed LPN #5 wentharted the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the medication been also as a little footable for the facility of the footable for the facility of	st 13, 2012, at 10:40 a.m., actical Nurse (LPN) #5 ions to the resident in room resident's room without Continued observation to the medication cart and		3	made of not followin the hand washing procedure and ice scoop policy. The Staff Developme Coordinator and Director of Nursing conducted an educational in-service on proper hand washing technique and ice scoop policy. The Director of Nursing or designee will conduct random observations o hand washing and ice	nt	

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18/29

DEMARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 08/17/2012 FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED B. WING 445296 NAME OF PROVIDER OR SUPPLIER 08/15/2012 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF EAST RIDGE 1500 FINCHER AVENUE EAST RIDGE, TN 37412 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE TAG DEFICIENCY) F 441: Continued From page 14 F 441 sandwich for a resident. Continued observation scoop usage 3 times a revealed LPN #5 was not able to locate the week for 4 resident, put the sandwich back in the refrigerator weeks, then at least 5 in the pantry, and returned to the medication cart. times a month for 2 Review of facility policy, Hand Hygiene, revealed months to ensure ...Handwashing/hand hygiene is generally compliance. considered the most important single procedure for preventing nosocomial infections..." 4. The Director of Interview with LPN #5 on August 13, 2012, at Nursing will 10:45 a.m., at the medication cart confirmed the report hand hands had not been disinfected after washing and ice scoop administering medication to the resident in room 210A. Continued interview confirmed, "...forgot to audits monthly to the disinfect hands...should have disinfected the Quality Assurance hands before leaving the resident's room." Committee consisting of a physician, director of nursing and three Observation on August 13, 2012, at 2:47 p.m., at other staff members for the 100 nurse's desk revealed Licensed Practical 3 months. The Nurse #1 and #3 were completing the narcotic Executive Director will reconciliation. Continued observation revealed LPN #3 obtained approximately ten medication monitor this process cups and placed them one by one onto the monthly to ensure medication cart using the bare hands and put the continued compliance. index finger in each cup, contaminating each cup. Continued observation revealed LPN #3 obtained

a bottle of medications from the medication cart with the bare hands, opened the fid and put the index finger into the bottle of pills and pulled several pills out one by one contaminating them, and placing the pills into the contaminated medication cups. This process continued for one

more bottle of pills, with LPN #1 observing.

Interview with LPN #1 and LPN #3 on August 13,

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FORM APPROVED

CENT	ERS FOR MEDICARE	& MEDICAID SERVICES				FOR	:D: 08/17/2 RM APPROV	012 ŒI
I STATEON	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mi A. Bül	JLTIPLE CONSTS	RUCTION	OMB N (X3) DATE	O. 0938-03 SURVEY PLETED	<u>99</u>
NAME OF	PROVIDER OR SUPPLIER	445296	B. WIN	6				
	ARE CENTER OF EAST			1500 FINCHE	SS, CITY, STATE, ZIP CODE R AVENUE E, TN 37412	08	1/15/2012	
(X4) ID PREFIX TAG	· · · · · · · · · · · · · · · · · · ·	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	P) (EAC)	ROVIDER'S PLAN OF CORRI H CORRECTIVE ACTION SI PREFERENCED TO THE AP DEFICIENCY)	KÖLK DIRE	(X5) COMPLETIC DATE	2N.
F 44	2012, at 2:57 p.m., confirmed the media the pills were contain bare hands/finger. Observation on Aug on the 300 half reve. Assistant (CNA) #1 trays and obtaining it observation revealed to 3 rooms using a pill the ice chest as a so the ice chest and plays. Observation at #2 obtained ice from plastic drinking cup a another resident's glist Review of facility polimachines, revealed ice chest by handle; with handstce scool impervious and shou stainless steel, imper	at the 100 nurse's desk cation cups, the bottles and minated when touched by the ust 13, 2012, at 11:54 a.m., aled Certified Nursing and CNA #2 passing lunch ce from a cooler. Continued I CNA #1 passed lunch trays lastic drinking cup stored in coop to remove the ice from ace the ice in the resident's at 12:05 p.m., revealed CNA the same cooler using the as a scoop to put ice in ass.		:				
SS=D	Interview on August 1 the 300 hall with CNA ice scoop was availat and using the cup sto residents' glasses wa 483.75(j)(1) ADMINIS The facility must proviservices to meet the n	3, 2012, at 12:11 p.m., on #1 and #2, confirmed an ole in the ice scoop holder, red inside the ice chest to fill is not a sanitary practice. TRATION de or obtain laboratory leeds of its residents. The or the quality and timeliness	F 502	1	F502 On 8/15/12, an orwas written by the physician to discontinue the two	e	9/11/12	

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DEP.		NIT C	

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O TO LEWIS	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	OMB N	<u>IO. 0938-039</u>
	İ	TOTAL MICHIGAN NOW BEK:	A. BUILDII			SURVEY PLETED
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	ARE CENTER OF EAST	RIDGE		REET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		<u>//15/2012</u>
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F 502	Continued From pag	ge 16	F 502		nple	
	: Based on medical re the facility failed to o			2. All other residents with stool sample orders were found in compliance.		
	Weakness, Alzheime Anemia. Medical record review order dated July 12, 2 3 to r/o (rule out) bloc Medical record review specimen was obtained results of positive for review revealed no fur obtained.	v revealed a physician's 2012, for "stool specimen x id in stool." v revealed one stool ed on July 12, 2012, with blood. Medical record of labs Manager at the Unit One		3. The Staff Developer Coordinator and Director of Nursing conducted an educational in-serve to the nursing staff regarding the completion of all physician orders and documenting results labs in residents' charts.	g ice d	
	nursing Station, on Au c.m., confirmed one la to be positive for blood documentation the oth as ordered.	igust 15, 2012, at 2:15 ib was obtained and found I and there was no er two labs were obtained		The Director of Nursing or designed will conduct randon stool sample order audits 3 times a week	n	
3	or Colostrigium	of a physician's order evealed "Stool specimen x n Difficile) re: diarrhea"		for 4 weeks, then at least 5 times a mont for 2 months to ensu	h	

the stool specimens for C-Diff were obtained.

compliance.

2012-08-21 09:56 DEPARTMENT OF HEALTH	DC0547PM13501	8	8652	2125642 >>		21/29
DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	& MEDICAID SERVICES				FORM	: 08/17/201 APPROVED 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIP	LE CONSTRUCTION	(X3) DATE S	URVEY
	445296	B. WIN	√G			
FREEKA : (CACH DEFICIENCY	TRIDGE TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIL TAG	EA	ET ADDRESS, CITY, STATE, ZIP CODE 00 FINCHER AVENUE AST RIDGE, TN 37412 PROVIDER'S PLAN OF CORRES (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	CTION	(X5) COMPLETION DATE
Interview with the Ur Nursing Station on A confirmed the labs w Interview with the res 15, 2012, at 2:40 p.n stool specimen which	ord review revealed a stool ined on July 26, 2012, but was nit Manager at the Unit One August 15, 2012, at 2:15 p.m., were not obtained as ordered. Sident's physician on August m., confirmed the resident's the was obtained on July 26, tested for C-Diff and the	f 5	502	4. The Director of Nursing will report stool sample order audit results monthl the Quality Assuran Committee consistin of a physician, direct of nursing and three other staff members 3 months. The Executive Director monitor this process monthly to ensure continued complian	ey to nce ng ctor e s for will	